THE STATE OF THE WORLD'S CHILDREN 1991

United Nations Children's Fund
(UNICEF)

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A Summary

The following is a summary of the State of the World's Children report for 1991, issued by the Executive Director of UNICEF, James P. Grant. For details of the full report, please see back cover.

On Sunday, September 30th, 1990, a great promise was made to the children of the 1990s. On that day, 71 Presidents and Prime Ministers came together for the first World Summit for Children. It was the largest gathering of heads of state and government in history. And the outcome was an extraordinary new commitment - a decision to try to end child deaths and child malnutrition on today's scale by the year 2000 - and to provide basic protection for the normal physical and mental development of all the world's children.

This overall goal was broken down into more than 20 specific targets listed in the Plan of Action agreed on by the 159 nations represented at the Summit. All governments will review their plans and budgets and decide on national programmes of action before the end of 1991.

"*We are prepared to make available the resources to meet these commitments*", said the final Declaration. All national and international organizations have been asked to participate. In particular, the worlds of religion, education, the communications media, business, and the non-governmental organizations in every country are invited to join this decade-long effort.

As the Summit met, the world was nearing the deadline set just over 10 years ago for reaching another great human goal - 80% immunization coverage for the children of the developing world. At the time, approximately 15% were being immunized. Today, despite all the difficulties of the last decade, the 80% goal is expected to have been reached when the latest figures become available early in 1991.

* The goal of immunizing 80% of children under the age of one is expected to have been reached for the developing world as a whole on the basis of the percentage of infants who have received the necessary three shots of DPT vaccine (considered by WHO and UNICEF to be a good indicator of the effectiveness of the immunization system as a whole). For BCG, the target has already been surpassed. For Polio (three shots) overall coverage of 78% by 1989 is expected to rise beyond the 80% target by the end of 1990. Measles immunization, which is not normally given before the age of nine months and which began the decade at very low levels, reached 71% in 1989 and may still lag a few percentage points behind as 1990 ends.

The diseases which vaccines prevent are also major causes of child malnutrition; the immunization effort of the last decade has therefore also kept uncounted millions of children from the downward spiral of frequent illness, poor growth and early death.

The year 2000: what can be achieved?

The following is the full list of goals, to be attained by the year 2000, which were adopted by the World Summit for Children on September 30th 1990. After widespread consultation among governments and the agencies of the United Nations, these targets were considered to be feasible and financially affordable over the course of the decade ahead.

Overall goals 1990-2000

- ○ A one-third reduction in under-five death rates (or a reduction to below 70 per 1,000 live births - whichever is less).
- ○ A halving of maternal mortality rates.
- ○ A halving of severe and moderate malnutrition among the world's under-fives.
- ○ Safe water and sanitation for all families.
- ○ Basic education for all children and completion of primary education by at least 80%.
- ○ A halving of the adult illiteracy rate and the achievement of equal educational opportunity for males and females.
- ○ Protection for the many millions of children in especially difficult circumstances and the acceptance and observance, in all countries, of the recently adopted *Convention on the Rights of the Child*. In particular, the 1990s should see rapidly growing acceptance of the idea of special protection for children in time of war.

Protection for girls and women

- ○ Family planning education and services to be made available to all couples to empower them to prevent unwanted pregnancies and births which are 'too many and too close' and to women who are 'too young or too old'.
- ○ All women to have access to pre-natal care, a trained attendant during childbirth and referral for high-risk pregnancies and obstetric emergencies.
- ○ Universal recognition of the special health and nutritional needs of females during early childhood, adolescence, pregnancy and lactation.

Nutrition

- ○ A reduction in the incidence of low birth weight (2.5 kg. or less) to less than 10%.
- ○ A one-third reduction in iron deficiency anaemia among women.
- ○ Virtual elimination of vitamin A deficiency and iodine deficiency disorders.
- ○ All families to know the importance of supporting women in the task of exclusive breast-feeding for the first four to six months of a child's life and of meeting the special feeding needs of a young child through the vulnerable years.
- ○ Growth monitoring and promotion to be institutionalised in all countries.
- ○ Dissemination of knowledge to enable all families to ensure household food security.

Child health

- ○ The eradication of polio.
- ○ The elimination of neonatal tetanus (by 1995).
- ○ A 90% reduction in measles cases and a 95% reduction in measles deaths, compared to pre-immunization levels.
- ○ Achievement and maintenance of at least 85% immunization coverage of one-year-old children and universal tetanus immunization for women in the child-bearing years.
- ○ A halving of child deaths caused by diarrhoea and a 25% reduction in the incidence of diarrhoeal diseases.
- ○ A one-third reduction in child deaths caused by acute respiratory infections.
- ○ The elimination of guinea worm disease.

Education

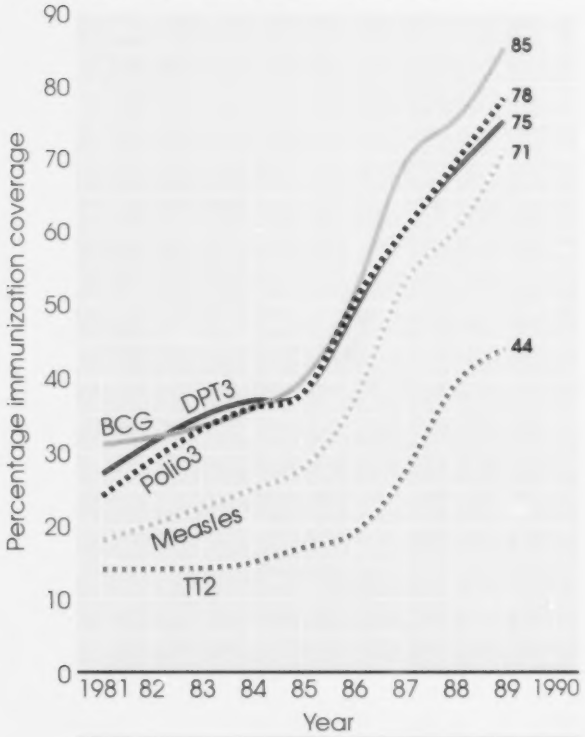
- ○ In addition to the expansion of primary school education and its equivalents, today's essential knowledge and life skills could be put at the disposal of all families by mobilizing today's vastly increased communications capacity.

That extraordinary effort has saved over 12 million young lives and prevented over one and a half million children from being crippled by polio.

It has also given the world new hope by showing what can be achieved when the international community commits itself to a great endeavour.

Increase in immunization coverage for infants in developing countries, 1981-89

The graph shows the developing world's progress towards the target of 80% immunization by the end of 1990. Figures for 1990 will be available in early 1991. China is not included in the data until 1986.



TT2 = two anti-tetanus injections, during pregnancy, to protect against tetanus of the new-born.

Source: WHO and UNICEF

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The quiet catastrophe

Two principal facts dominated the World Summit for Children.

The first was the fact of the quiet catastrophe - the 40,000 child deaths each day from ordinary malnutrition and disease, the 150 million children who live on with ill health and poor growth, the 100 million 6 to 11-year-olds who are not in school.

The second was the fact that the means of ending this quiet catastrophe are now both available and affordable. Large-scale trials and studies in many nations in recent years have vastly increased both the world's understanding of the problems and its capacity to solve them.

The question at the centre of the World Summit was therefore whether morality would keep step with capacity, whether what *could* now be done *would* now be done.

That question could not be answered at the Summit itself. For it is a question which will be answered not by the declarations of a day but by the deeds of a decade.

The goals

The seven overarching goals adopted for the year 2000 by the Summit may be summarized as follows:

○ *Reduction of 1990 under-five child mortality rates by one third or to a level of 70 per 1,000 live births, whichever is the greater reduction.*

At present, approximately 14 million children under five are dying each year in the developing world - more than a quarter of a million each week. The immediate causes of more than 60% of those deaths can be numbered on the fingers of one hand - diarrhoeal disease, measles, tetanus, whooping cough and pneumonia. All of these can now be prevented or treated at very low cost. Several countries with per capita GNPs of under $1,500 a year - including Chile, China, Jamaica, Mauritius, Sri Lanka and Thailand - have already succeeded in reducing under-five death rates to less than 50 per 1,000.

Child survival: and population growth

"The surest way to achieve a sustained decline in fertility is to give a new priority to 'social' or 'women's resources' investment, to improving mother and child health, women's status and education and to making family planning as widely available as possible to both women and men."

The State of World Population 1990,
Dr. Nafis Sadik, Executive Director,
United Nations Population Fund

Doing what can now be done to reduce child deaths in the developing world would also help to slow population growth. Some of the reasons:

The physiological factor

An infant death means the end of breast-feeding, an important 'natural contraceptive'.

The replacement factor

The death of a young child prompts many couples to replace the loss of the child by a new pregnancy. Studies in Bangladesh show that an infant death reduces the average interval between births from more than three years to less than two. Families which experience the death of a child are much less likely to use any method of birth planning.

The insurance factor

When child death rates are high, parents often insure against an anticipated loss by having more children. Planning on the basis of the worst that can happen, rather than on the basis of statistical probabilities, often means over-compensation and an average family size greater than desired.

The confidence factor

Empowering parents with today's child survival knowledge helps build the confidence which is so crucial a factor in the acceptance of family planning. As the UN Population Division has concluded, "Any given improvement in mortality will be more likely to initiate fertility control behaviour among those who understand and participate in that improvement than among those who do not".

The direct effect of child survival strategies

Three of the most important means now available for reducing child deaths are also among the most powerful means of reducing birth rates:

- Promoting the knowledge that children can be protected by exclusive breast-feeding for the first four to six months will also help to lower birth rates, because breast-feeding is one of the most effective ways of preventing pregnancy during that period.
- Most child deaths happen to mothers who are younger than 18 or older than 35, who have had more than four children already or who give birth less than two years after a previous delivery. Promoting knowledge about the importance of timing births, and providing the means to act on it, is therefore one of the most powerful child survival strategies - and also reduces birth rates.
- Female education, in addition to the advantages it can bring to women, improves child health and survival. Educated mothers are also more likely to opt for smaller families.

The synergism between this array of child survival actions and effective family planning programmes means that the two together can bring about population stabilization at an earlier date and at a lower level than either acting alone. The 1990s offer a remarkable opportunity to use this synergism, as many developing countries are now at the critical 'point of parental confidence' where further reductions in child deaths are likely to bring even greater reductions in births.

The experience of individual countries shows the power of this combination. If all countries were to achieve the same under-five death rates and the same birth rates as Chile or Sri Lanka, for example, then the world would see approximately 10 million fewer deaths each year - and approximately 20 million fewer births.

○ *Reduction of maternal mortality rates to half of 1990 levels.*

At present, approximately 500,000 women are dying every year - one young woman each minute - because something has gone wrong in pregnancy or childbirth. Many of those deaths follow long hours of agony and fear. And many of those women leave behind motherless children. At least half of all maternal deaths could now be prevented by elementary, low-cost means.

○ *Reduction of severe and moderate malnutrition among under-five children by one half of 1990 levels.*

At present, one child in every three in the developing world is prevented from growing to his or her mental and physical potential by persistent malnutrition. Many parents are unable to feed their children adequately because of war or famine or because they do not have the land to grow food or the jobs and the income to buy it. But the majority of child malnutrition occurs in households where there is sufficient food. The cause is the frequency of illness and a lack of knowledge about the special feeding needs of the young child. Today's knowledge about birth spacing, breast-feeding, weaning, growth promotion, and the prevention and treatment of common illnesses, plus well-targeted food supplements, has shown that the problem of mass child malnutrition can be overcome at an average annual cost of approximately $10 per child.

○ *Universal access to safe drinking water and to sanitary means of excreta disposal.*

At present, more than one third of all families in the rural areas of the developing world do not have access to clean water and one half do not have safe sanitation. Yet costs have fallen dramatically in the last decade. The average initial investment required to provide both safe water and sanitation is now less than $30 per person, and the recurring cost can be as low as $1 or $2 per person per year.

○ *Universal access to basic education and completion of primary education by at least 80% of primary school age children.*

At present, only 55% of children in the developing world complete four years of primary education. Boys have twice as much chance of becoming literate as girls, despite the fact that the education of girls is probably the best single investment that any country can make in its future health and well-being. In recent years, low-cost strategies have succeeded in providing the vast majority of children with at least five years of basic education even in some of the world's poorest countries.

○ *Reduction of the adult illiteracy rate to at least half its 1990 level, with emphasis on female literacy.*

At present, there are over 900 million adults in the world who cannot read or write. Two thirds of them are women.

○ *Protection of children in especially difficult circumstances, particularly in situations of armed conflicts.*

At present, an estimated 80 million children are exploited in the workplace and 30 million are left to fend for themselves on city streets. Millions more are victims of war, their development disrupted by the interruption of food supplies, the closing of schools and clinics, and the destruction of homes, roads and crops.

A practical investment

This range of goals for the year 2000 will clearly be more difficult to accomplish, by several orders of magnitude, than any targets previously attempted. It will demand an extraordinary effort, stepped up over the next two years and sustained throughout the decade, by individual nations, by the United Nations family, by the international community, and by non-governmental organizations and members of the public in every country.

But if the demands are great, then so are the incentives. Basic protection for the lives and the normal growth of all the world's children is not only the greatest of all humanitarian causes; it is also the greatest of all practical investments.

It is a practical investment because vast numbers of unnecessary child deaths increase population growth by pushing millions of parents into having more children than they want in order that some may survive.

It is a practical investment because persistent malnutrition saps the physical and mental development of people and, ultimately, the economic and social development of nations.

It is a practical investment because even four years of basic education can make a significant difference to productivity and incomes as well as to child health and the acceptance of family planning.

It is a practical investment because basic education for every child is also a fundamental prerequisite for environmentally sound development in the years to come. The choices which today's children will have to make in the twenty-first century, whether they be choices about family size or land use, energy source or waste disposal, can only be made wisely by a population which is capable of absorbing new knowledge and responding to it. Environmentally sustainable human development will therefore depend in large measure on the level of commitment which is made to education in the decade ahead.

Finally, it is a practical investment because communications technology has ensured that the children born into the 1990s will know more about the world and expect more from it than any previous generation. And if there is one lesson which history insists on, it is that political and social turmoil will follow when persistent poverty and personal tragedy sit side by side with the evident capacity for improvement in the lives of the poor.

The achievement of the goals decided on at the World Summit for Children, however difficult and daunting the prospect, would therefore represent not only one of the greatest humanitarian achievements of this or any other century, but also one of the greatest practical investments which the human race could now make in its future economic prosperity, political stability, and environmental integrity.

The best chance we have

The specific goals which make up this investment have been decided on after a long process of consultation, and endorsed by 159 governments at the largest gathering of political leaders ever assembled. They therefore represent the best chance the world has, in the decade ahead, for a unifying framework of action and a worldwide mobilization by governments, international agencies, educators, religious leaders, health professionals, voluntary organizations, the mass media, the business community, and members of the public.

The goals are undoubtedly ambitious. But while recognizing the difficulties, it is also important to recognize that these are the goals which are the most achievable, the goals for which the knowledge and the technology already exist, the goals which can be achieved at minimum financial and political cost, the goals which, if they are not achieved, will make a mockery of our hopes of meeting the broader challenges of environmentally sustainable human development in the twenty-first century.

Keeping the promise

Among the tens of thousands of words which appeared in the world's press following the Summit for Children, one persistent strain was summed up by an editorial in *The New York Times*:

"The largest global Summit meeting in history pledged to do better by the world's children. Their promises were eloquent, their goals ambitious. But children cannot survive or thrive on promises. The world's leaders now have an obligation to find the resources and the political will necessary to translate hope into reality."

In short, can the promise be kept?

That question, and particularly the question of whether the resources can be found, is bound up with the broader picture of economic development in the 1990s.

The economic context

Economic progress in the decade ahead is not the only factor which will influence the progress of nations towards the year 2000 goals. It may not even be the most important factor. Several developing countries have already achieved the goals for under-five mortality and school enrolment despite per capita incomes which are significantly lower than the average for the developing world.

Nonetheless, for most countries, economic progress would make it considerably easier to devote the necessary resources to the task.

The bad news is that the developing world's debt still stands at approximately $1,300 billion, that annual interest repayments on that debt amount to almost $200 billion, that interest and amortization payments exceed new net flows from the industrialized countries by $30 billion, that aid levels are increasing only marginally, and that primary commodity prices are still at their lowest level since the 1930s.

Debt, in particular, still shackles many developing nations, claiming a large proportion of the resources which might otherwise have been available for investment in human progress. With falling family incomes, and cuts in public spending on services such as health and education, many African and Latin American children are still paying heavily for their nations' debts; and the currency they are paying with is their opportunity for normal growth, their opportunity to be educated, and often *their lives*. With no less urgency than at any time in the last five years, UNICEF must again say that it is the antithesis of civilization that so many millions of children should be continuing to pay such a price.

The better economic news is that projections for the 1990s show the industrialized nations growing at an average 3% per annum and the developing nations growing at just over 5% per annum. Such forecasts, even should they prove accurate, screen great disparities. Most of Asia should see continued steady progress, accompanied by a significant fall in the numbers of the absolute poor. Latin America, the Middle East and North Africa are expected to see slower growth with a smaller reduction in the numbers of the poor. Sub-Saharan Africa, facing rapid population growth as well as economic stagnation and severe ecological problems, will struggle to maintain per capita incomes; without debt cancellation, a renewal of investment, and an increase in real aid, the sub-continent may well see an increase in the numbers living in poverty during the decade ahead.

Development strategy

After 40 years of conscious and often contentious debate about strategies of development, there is perhaps more unanimity on the subject as the 1990s begin than at any previous time. The 1990 World Bank report has summed up the emerging consensus:

Proportion of ODA going to basic health and education, 1986-87

Less than 25% of the industrialized world's aid is devoted to health and education, and this proportion has fallen by about one third over the last decade. Three of the most basic elements of human development – primary health care, primary education, and rural water supply and sanitation – receive only just over 3% of all aid.

Allocation of official development assistance (ODA) 1986-87	
Health (inc.family planning)	**5.0%**
Primary health care	**1.5%**
Education	**11.0%**
Primary education	**1.0%**
Water and sanitation	**6.0%**
Rural water and sanitation	**1.0%**

Source: OECD/DAC 1989. Figures based on detailed sector reporting from OECD Credit Reporting System Data Base (which covers bi-lateral technical assistance only partially).

"The evidence in this Report suggests that rapid and politically sustainable progress on poverty has been achieved by pursuing a strategy that has two equally important elements. The first element is to promote the productive use of the poor's most abundant asset - labor. It calls for policies that harness market incentives, social and political institutions, infrastructure, and technology to that end. The second is to provide basic social services to the poor. Primary health care, family planning, nutrition, and primary education are especially important.

"The two elements are mutually reinforcing; one without the other is not sufficient."

It is in the second part of this 'two-part strategy for development' that the goals adopted by the World Summit for Children find their place in the overall development effort of the 1990s. For the year 2000 goals are essentially a statement of the most obvious, achievable, and affordable elements in the task of investing in human capacity and providing basic social services to the poor.

The role of aid programmes

This overall context is especially important in considering the role which aid programmes might play in the years ahead.

In the *State of the World's Children* report two years ago, UNICEF proposed that:

"Aid can make it politically easier to take decisions of which the principal beneficiaries would be the poor, the environment, and the future.

"The time has come when not only aid but also debt reduction and trade agreements should form part of a real development pact by which participating industrialized nations would make a commitment to increase resources and participating developing nations would make a corresponding commitment to a pattern of real development which unequivocally puts the poor first.

"The ultimate aim and measure of that real development is the enhancement of the capacities of the poorest, their health and nutrition, their education and skills, their abilities to control their own lives, and their opportunities to earn a fair reward for their labours. This is the kind of development which the majority of people in the poor world seek and the majority of people in the industrialized world would support."

In similar vein, World Bank President Barber Conable has also said: *"The allocation of aid should be more closely linked to a country's commitment to pursue development programmes geared to the reduction of poverty"*.

There could be no better measure of that commitment than progress towards the goals which a majority of the world's political leaders - from both industrialized and developing worlds - have already considered and endorsed.

In this way, the ambitious goals adopted at the World Summit for Children can contribute to the overall development effort of the decade ahead and provide a sharper focus for the industrialized world's aid. And it is in this context that we turn again to the initial question of where the resources might come from to fund this investment in today's children - and tomorrow's world.

Finding the resources

It is virtually impossible to calculate the overall financial cost of reaching all of the goals adopted at the World Summit for Children. But for the sake of bringing the cost into overall perspective, a 'best guess' would put the figure close to $20 billion a year for the next decade. To put this $20 billion a year into perspective, it is approximately one eighth of one per cent of the world's annual income. It is half as much as Germany will find for the process of national reunification in 1991. It is as much as the world spends on the military every 10 days. *"The financial resources required are modest"*, says the Plan of Action adopted at the Summit, *"in relation to the great achievements that beckon."*

Such comparisons are made almost every year in *The State of the World's Children* report. And they are made here again because it must never become accepted as normal and unremarkable that a fifth of mankind should be without

adequate food, safe water, basic health care, and elementary education, or that millions of children should die or be stunted in brain and body, in a world which clearly has the knowledge and the resources to enable all its people to meet their own and their children's needs. However ritualistic such comparisons may seem, they serve to make a mockery of the idea that the world cannot yet afford to contemplate the great step forward for our civilization which would be represented by achieving the year 2000 goals and bringing basic protection to the lives and the growth of all its children.

But it is equally clear that such comparisons do not mean that $20 billion a year will be forthcoming for this purpose. On a practical basis, where might the money come from?

Overall, the developing countries will probably have to find about two thirds of that sum themselves.

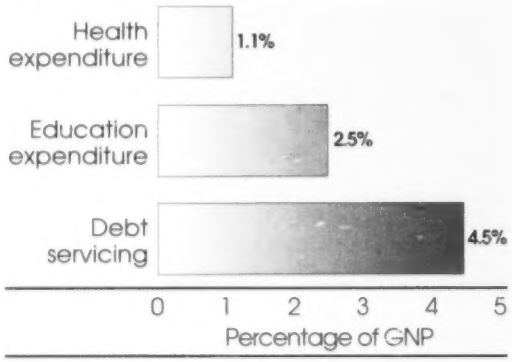
The two major internal sources of such sums are the restructuring of present spending *in favour of the social sector* and the restructuring of present spending *within the social sector*.

To take the first of these, more than 25% of all present government expenditures in the developing world are devoted to the military, to inefficient state-controlled companies, and to subsidies which are not targeted to those most in need. Military spending is the greatest of these. The developing nations as a whole are now spending more on the military than on education and health combined*. With the ending of the cold war and the easing of regional tensions, it cannot be too unrealistic to suggest a 5% cut in defence spending - which would in itself liberate half of the estimated $20 billion a year needed to reach the year 2000 goals.

'New' resources could also be found within the amounts which are already allocated to social services. In health, hospitals which reach at most 15% to 20% of the population often claim 80% of the budget. In education, more than half of all government spending is often allocated to secondary and higher education for the minority, usually from higher-income families. In water and sanitation schemes, 80% of the $10 billion now being invested each year is being devoted to schemes costing $550 or more per person, while less than 20% is being allocated to today's low-cost strategies costing less than $30 per person served. Relatively modest spending shifts from high per capita cost services, which generally serve the relatively better off, to low per capita cost strategies for the poor could therefore release enough to meet the developing world's share of the overall bill.

Health, education, and debt

The chart shows the percentage of Gross Domestic Product devoted to debt servicing as compared to spending on health and education in the 95 low and middle income developing countries during 1987, the latest year for which data are available



Source: World Development Report 1989, World Bank.

External aid

Approximately one third of the $20 billion needed might be expected to come from the industrialized world. And that contribution of an extra seven billion dollars a year could be made in many different ways.

First, debt relief might be specifically linked to investments in reaching the agreed goals.

* This overall figure for the developing world hides wide regional disparities. Most Latin American nations, for example, spend less on the military than on health and education and many Middle Eastern countries spend considerably more.

Seven billion dollars is, after all, only as much as the industrialized world now receives from the developing world in debt repayments *every 10 days*. As the Plan of Action adopted at the World Summit for Children urges:

"*Debt-relief schemes could be formulated in ways that the budget reallocations and renewed economic growth made possible through such schemes would benefit programmes for children. Debt relief for children, including debt swaps for investment in social development programmes, should be considered by debtors and creditors.*"

Increases in aid are another possibility; but more efficient use could be made of the $50 billion a year currently allocated. At the moment, far less than 25% of all the industrialized world's bilateral official development assistance is devoted to health and education, and this proportion has fallen by about 30% over the last decade.

Within this small and shrinking slice of the aid pie, it is again the higher cost services for the relatively better off which take the greater part. Aid for primary health care, including family planning, primary education, and rural water supply and sanitation, totals only just over 3% of the industrialized world's aid.

It would therefore require less than drastic changes in the orientation of existing aid programmes to release the resources needed to support the year 2000 goals. Even if only the projected *increases* in aid over the next few years were devoted to primary health care, primary education, and low-cost water and sanitation schemes, then the annual amount of aid available for these purposes would be *doubled* *.

Ideally, the process of making these relatively small shifts in spending - both in developing country budgets and in the industrialized world's aid budgets - would be a co-operative effort. Few changes could make the achievement of the year 2000 goals more likely than a series of compacts by which one or more developing countries made agreements with one or more industrialized countries on adequately funded plans for making measurable progress towards those goals.

As the Plan of Action adopted at the World Summit for Children recommends:

"*Each country is urged to re-examine in the context of its particular national situation, its current national budget, and in the case of donor countries, their development assistance budgets, to ensure that programmes aimed at the achievement of goals for the survival, protection and development of children will have a priority when resources are allocated. Every effort should be made to ensure that such programmes are protected in times of economic austerity and structural adjustments.*"

If the promise of the World Summit for Children is to be kept, then this re-examination of spending priorities in both industrialized and developing worlds will need to be completed no later than the end of 1991.

Commitment to the goals

The World Summit for Children, which was the culmination of a long process of consultation with governments and technical experts from all regions, has given a flying start to this process of establishing the year 2000 goals. But the declarations and commitments of political leaders are not enough. Goals must become the goals of society as a whole; and it is essential that, within the next few months, all organizations and individuals who share the dream of a world without preventable malnutrition and disease, a world which protects the lives, the growth, and the rights of its children, should also consider what part they might play in entrenching the year 2000 goals and in enlisting sustained support for them over the decade ahead. The Plan of Action adopted by the World Summit for Children specifically asks all

* Differences between the industrialized nations have also become more marked in recent years. Canada, Denmark, Finland, the Netherlands, Norway and Sweden, contribute roughly twice as much aid per capita as most industrialized countries, and their aid programmes are generally more biased towards basic services and poverty alleviation. If all aid-giving nations were to move in this direction, then the resources required to meet the year 2000 goals would quickly be subscribed.

national, regional, and international organizations, governmental and non-governmental, to "*examine how they can contribute to the achievement of the goals and strategies enunciated in the Declaration and this Plan of Action as part of more general attention to human development in the 1990s. They are requested to report their plans and programmes to their respective governing bodies before the end of 1991 and periodically thereafter.*"

The infrastructure

Another essential factor is the availability of low-cost technologies and strategies which reduce the costs involved and therefore the political will required. Goals must not only be technically possible but also politically and financially feasible. Much careful thought has already been given to this matter in the selection of the year 2000 goals, and the available techniques and strategies are discussed in the full text of the *State of the World's Children* report.

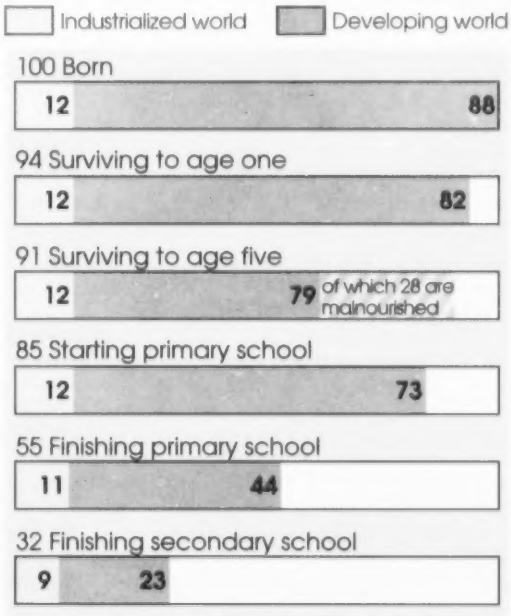
The more difficult question today is the means by which today's knowledge and technique can be put at the disposal of the majority. Many of the year 2000 goals are dependent on the delivery of low-cost *technologies* - be they vaccines, oral rehydration salts, antibiotics, growth charts, iron tablets or vitamin A supplements. Many also depend on the delivery of *knowledge* which can empower families themselves to take more control over their own health: today's knowledge about the importance of birth spacing, about special care in pregnancy and childbirth, about the importance of breast-feeding, about safe ways of weaning, about promoting normal growth, about preventing and coping with common illnesses, and about preventing the spread of AIDS - is knowledge which every family, and not just every health worker, should have.

Most of the year 2000 goals depend on the combination of both - on trained help and appropriate technologies and on empowering families with knowledge. The question of infrastructure, of the capacity to deliver, can therefore be considered in two overlapping parts.

In particular, it is the effective community health worker who can enable families to use today's knowledge for the improvement of their own and their children's lives. With a few months' basic training, supported by referral and supervision systems, a community health worker can offer advice and practical help with such things as birth spacing, pre-natal care, safe delivery, breast-feeding, weaning, feeding a child during and after illness, growth monitoring, disease prevention, immunization, oral rehydration therapy, the use of antibiotics against acute respiratory infections, and the distribution of vitamin A capsules, iron supplements or malaria tablets. *Such information and such techniques constitute a large part of what is required to meet the year 2000 goals of reducing child deaths by one third and child malnutrition*

The children of the 1990s

142 million children have been born into the world during 1990. The chart below presents this huge number as just 100 children and gives a schematic overview of what will happen to them in the decade ahead.



Source: UNICEF estimates based on United Nations projections.

by half. Yet the job can largely be done by community health workers who can be trained for as little as $500 (as opposed to fully qualified doctors whose training may cost $70,000 or more). It is therefore reasonable to assume that those countries which succeed in reaching the goals for the year 2000 will be those countries which also succeed in putting a well-trained, well-supervised, and well-supported community health worker within reasonable reach of every family.

The communications capacity

The other half of the 'infrastructure' question is a country's capacity to put new knowledge at people's disposal. And here, too, recent years have seen advances which could amount to nothing less than an information revolution *for the poor.* Rising literacy and the growth of newspapers, the spread of radio into almost every home and television into almost every community, the popularity of cinema and more recently the video theatre, the new outreach of religious leaders, the rise of the numbers enroled in school, the proliferation of non-governmental and voluntary organizations, the growth of professional societies, employers' associations, trade unions, and government services all mean that the capacity of the developing world to communicate with the majority of its people has been transformed. The task that remains is the mobilization of this new capacity in order to empower people with today's knowledge. "*All forms of social mobilization*", says the Plan of Action adopted at the World Summit, "*including the effective use of the great potential of the new information and communication capacity of the world, should be marshalled to convey to all families the knowledge and skills required for dramatically improving the situation of children.*"

In this sense, therefore, the question of whether or not the year 2000 goals can be achieved, whether or not the promise can be kept, is a question not just for governments but for the mass media, for the schools, for the churches, temples and mosques, for business and commerce, for the professional associations and the academic community, for the non-governmental organizations and the women's movements, for the employers' associations and the trade unions, for the youth organizations and the sports and entertainment industries.

In short, the question of whether the promise will be kept is a question for us all.

A new ethic for children

Targets and strategies alone will not achieve the year 2000 goals. All significant social change - be it the abolition of slavery, the spread of democracy, the end of colonialism, the discrediting of racism and apartheid, the advent of a new respect for the environment, or the struggle for female equality - has both required and stimulated a change in the prevailing ethical climate.

The goal of ending mass child deaths and mass child malnutrition, and of providing basic protection for the lives and the normal development of all children, is as difficult and significant a social change as any of the great changes that have gone before. And this dream, too, will be realized only with the wide acceptance of a new ethic for children.

The essence of a new ethic for children is the principle referred to in the Plan of Action adopted by the Summit as "*the principle of a 'first call for children' - a principle that the essential needs of children should be given high priority in the allocation of resources*".

The need for that new ethic arises, as ethics usually do, from practical as well as moral roots. The special vulnerability and the special responsiveness of the early years, demand that the child's one chance for normal growth should be given a *first call* on our concerns and capacities.

Those same reasons also demand that children should be able to count on that commitment in good times and in bad - in lean times and in times of plenty, in times of peace and in times of war, in times of recession or in times of steadily advancing prosperity. The mental and physical growth of a child cannot be asked to

wait until interest rates fall, or until commodity prices recover, or until debt repayments have been rescheduled, or until the economy returns to growth, or until after a general election, or until a war is over. The ethic of first call for children does not demand that protection for the lives and the development of the young should be a priority; it demands that it should be an absolute. It does not demand the kind of commitment which can be superseded by other priorities that suddenly seem more urgent, but the kind of commitment that will not waver in the winds of change which will always blow across the world of human affairs.

There will always be something more immediate. There will never be anything more important.

In the past, it may often have been inevitable that the physical, mental and emotional development of children should be exposed to the slings and arrows of adult society. But in our time, for the first time, we have the chance to begin shielding the lives and the normal growth of children from the worst excesses, misfortunes, and mistakes of the world into which they are born. And the fact that our societies do not now do so will one day be regarded as being as strange and uncivilized as is the notion of slavery today.

All of this is directly relevant to the accomplishment of the goals which the world has now set for its children in the years ahead. For the principle of first call would demand that whether a child survives to adulthood, whether a child grows normally in mind or body, whether a child is well nourished, has health care, is immunized, has a school to go to, should not, by the year 2000, have to depend on such things as the balance of payments, or on the level of interest rates, or on fluctuations in the terms of trade, or on the election of any particular political party, or on any other of the inevitable turbulences of the adult world.

Like other great changes in prevailing ethic, the world-wide acceptance of this principle of first call for children will not come quickly or easily. But like other such changes, it will represent nothing less than an advance for civilization itself.

Conclusion

Despite the crises which continue to occur in international affairs, the ending of the cold war offers the possibility of a new era for mankind. The price of preoccupation with war has been more than financial; it has been a price paid in the distortion of our science and technology, in the absorption of our management and political skills, in the waste of our energies and ingenuities, and in the distraction of our vision and our imagination. The dividends of peace may also, therefore, be paid to the human race in many currencies, and above all in the liberation of financial and human resources for a renewal of what Robert Heilbroner, in the 1960s, called 'the great ascent'. In our times, the vision of a world in which every man, woman and child has adequate food, clean water, decent housing, modern health care, and a basic education, could at last be realized.

The World Summit for Children has given the world an extraordinary opportunity to take a series of concerted actions which would amount to the first steps on that long journey. It is an opportunity to pursue a known mix of strategies which could prevent the deaths of millions of women and children, invest in the health and education of the rising generation, and at the same time make a major contribution to the slowing-down of population growth. That mix of strategies is now within the capacity of any developing nation to implement and of any industrialized country to support.

On the Sunday before the Summit, over a million candles were lit for its success by ordinary people around the world. Each of those candles represented the inextinguishable hope in the hearts of people everywhere that, amid all the problems and the dangers of the years ahead, the world can still be made a better place. That hope has now taken on a definite form and a clear strategy. The challenge has been defined. Meeting that challenge will, as the Summit's Plan of Action says, "*demand*

consistent and extraordinary effort on the part of all concerned".

On present trends, the number of children being born into the world each year is predicted to peak in about the year 2000 and begin to fall. The children of the 1990s will therefore be the largest generation ever to be entrusted to mankind. And the present generation will rightly be judged by how it meets the challenge of protecting their lives, their growth, their education, and their rights.

To guide that effort in the decade ahead, widespread acceptance must be won for a new ethic for children; an ethic which demands that children should be the first to benefit from mankind's successes and the last to suffer from its failures; an ethic which recognizes that it is on how society protects and cares for its children that its civilization is measured, its humanity is tested, and its future is shaped.

The full text of the 1991 State of the World's Children report is available from all UNICEF offices or by writing to the Division of Information, UNICEF House, 3 UN Plaza, New York, NY 10017, USA. The report is also published by Oxford University Press.